PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number

ECM-2

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN R SMALL ENTITY	
TOTAL CLAIMS			,	11				RATE	FEE	OR 7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE		OR	BASIC FEE	
TOTAL CHARGEABLE CLAIMS			// minus 20=		•	0		X\$ 9=	.0	OR	X\$18=	
INDEPENDENT CLAIMS			, minus 3 ±		•	à		X43=	0	OR	X86=	
М	JLTIPLE DEPE	NDENT CLAIM F	PRESENT					+145=		1	+290=	
• 1	f the difference	e in column 1 is	less than z	ero, enter	"0" in	column 2		TOTAL	200	OR	TOTAL	
	c	CLAIMS AS A	AMENDE	MENDED - PART II				IOIŅE	1383	JOH	OTHER	THAN
		(Column 1)		(Colun		(Column 3)		SMALL	ENTITY	OR	SMALL	
AMENDMENT A	·	CLAIMS REMAINING AFTER AMENDMENT		HIGH! NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total		Minus	**	•	=		X\$ 9=		OR	X\$18=	
ME	Independent	<u> </u>	Minus	***		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
								TOTAL		4 1	TOTAL	
	· .	A	ODIT. FEE		JOH 7	ADDIT. FEE						
AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Colum HIGHE NUMB PREVIO PAID F	ST ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
WON	Total	* ·	Minus	and 13		= .		X\$ 9=		OR	X\$18=	• .
ME	Independent	•	Minus	***		=		X43= ·		OR	X86=	
	FIRST PRESE	NTATION OF ML	JLTIPLE DEI	PENDENT	CLAIM	<u>.</u>		+145=		OR	+290=	
							ل ن	TOTAL DDIT. FEE		OR',	TOTAL ODIT. FEE	•
	·. ·	(Column 1)	(Column 3)									
ENTC		CLAIMS REMAINING AFTER AMENDMENT		(Colum HIGHE NUMBI PREVIOL PAID F	st Er Jsly	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	•	Minus	drift .		Ę,	Γ	X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		=		X43=	- \		X86=	· jili.
? [FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					·	-			OR	+290=	
. • H	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL											
!!	the "Highest Nur the "Highest Nur	nber Previously Pa mber Previously Pa her Previously Pain	id For IN THIS id For IN THI	S SPACE is I S SPACE is I	ess than less than	20, enter 20. 3, enter 3.	•	OIT. FEE		• •	DOIT. FEEL	